

ORDER FOR SUPPLIES OR SERVICES <i>(Contractor must submit four copies of invoice.)</i>				Form Approved OMB No. 0704-0187 Expires Jun 30, 1997		PAGE 1 OF 2	
<small>Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.</small>							
PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES. SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.							
1. CONTRACT/PURCH ORDER NO. N00383-01-G-015N		2. DELIVERY ORDER NO. UZQ3		3. DATE OF ORDER (YYMMDD) JAN 28 2004		4. REQUISITION/PURCH REQUEST NO.	
6. ISSUED BY DEFENSE SUPPLY CENTER COLUMBUS 3990 E. BROAD ST., P.O. BOX 16704 COLUMBUS, OH 43216-5010 614-692-8609 CONTRACT SPECIALIST--RICHARD BEBEL		7. ADMINISTERED BY (If other than 6) DCMA SIKORSKY AIRCRAFT 6900 MAIN ST 203 386-6093 PO BOX 9731 STRATFORD CT 06615-9131		5. PRIORITY DO-C9		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <small>(See Schedule if other)</small>	
9. CONTRACTOR SIKORSKY AIRCRAFT CORP 6900 MAIN ST STRATFORD CT 06615-9129		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) FEB 27 2004 30		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED		12. DISCOUNT TERMS NET 30 DAYS	
13. MAIL INVOICES TO SAME AS PAYMENT OFFICE		14. SHIP TO SEE CONTINUATION SHEET ATTACHED		15. PAYMENT WILL BE MADE BY DFAS-CO NORTH ENTITLEMENT OPERATIONS PO BOX 182266 COLUMBUS OH 43218-2266		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
16. TYPE OF ORDER DELIVERY PURCHASE		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your MR. STEVE KELLY, 01/27/2004, 203-386-7447 furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.					
NAME OF CONTRACTOR		SIGNATURE		TYPED NAME AND TITLE		DATE SIGNED (YYMMDD)	
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:							
17. ACCOUNTING AND APPROPRIATION DATA (LOCAL USE) CG: 97X4930 5CC0 001 26.0 S33150 BUYER: WELLS, BLW *DO NOT SHIP TO ADDRESS IN BLOCK 6*							
18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
0001	NOTICE: THIS ITEM URGENTLY REQUIRED--SEE SCHEDULE Mark All Exterior Shipping Containers: URGENT--SHIP MOST EXPEDITIOUS MODE OF TRANSPORTATION FOB:STRATFORD, CT PRES/PKG-See Continuation Sheet(s) Attached			1	EA	100.17	100.17
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA KIMBERLY M. WATSON BY: CONTRACTING OFFICER		25. TOTAL	\$100.17
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____				27. SHIP. NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL 31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		28. D.D. VOUCHER NO. 32. PAID BY 33. AMOUNT VERIFIED CORRECT FOR	
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____				34. CHECK NUMBER		35. BILL OF LADING NO.	
37. RECEIVED AT	38. RECEIVED BY (Print)	39. DATE RECEIVED (YYMMDD)	40. TOTAL CONTAINERS	41. S/R ACCOUNT NUMBER	42. S/R VOUCHER NO.		

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED

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PAGES

NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	PR YPC04023000397 NSN 4710-01-095-7394 ITEM DESCRIPTION: POTENTIALLY HAZARDOUS, SEE REPRESENTATION TUBE ASSEMBLY, METAL. SIKORSKY AIRCRAFT CORP (78286) P/N 70450-02030-053				
9001	PRLI 000100 QTY VARIANCE: PLUS % MINUS % INSP/ACCEPT POINT: <i>Original</i> PREP FOR DELIVERY: <i>Std. Qm. Pk or Better</i> DOD BAR CODE MARKING REQUIRED IN ACCORDANCE WITH MIL-STD-129 (LATEST REVISION) MARKING AND BAR CODING IN ACCORDANCE WITH AIM BCL. DELIVER FOB: BY: T / FREIGHT ADDRESS: W58MOC XRSW7TL 1107 MO AVCRAD REAR 2501 LESTER JONES AVE SPRINGFIELD MO 65803-9513 M/F: (TCN) W58MOC40150705 XXX RDD 04022 PROJ 9GJ TP 1 SUP ADD W81PNC SIG A FOR GOVERNMENT USE ONLY: IPD 03 DIC A3A DIST ADV 2F FC 42 END OF PR	1	EA	<i>\$100.17</i>	<i>\$100.17</i>

SHIPMENT BY PARCEL
POST IS NOT PERMITTED
FOR THIS ORDER.
SHIP FASTEST TRACEABLE
MEANS POSSIBLE.